

MDR Tracking Number: M5-04-2293-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on March 23, 2004.

The IRO reviewed office visits with manipulations, and miscellaneous supplies and materials from 03/25/03 through 07/17/03 that was denied based upon "U".

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The miscellaneous supplies and materials, CPT Code 99070 for date of service 04/11/03 **were** found to be medically necessary. The office visits with manipulations, CPT Code 99213-MP **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits and supplies and materials.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

On June 24, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

- CPT Code 99213-MP (8) for dates of service 04/14/03 through 06/19/03. EOBs were not submitted by either party; therefore, these dates of service will be reviewed according to the 1996 Medical Fee Guideline. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(b) reimbursement in the amount of \$384.00 (\$48.00 x 8) is recommended.
- CPT Code 99080-73 for date of service 05/19/03. EOBs were not submitted by either party; therefore, this date of service will be reviewed according to Commission Rules. Per Rule 133.106(f)(1) reimbursement in the amount of \$15.00 is recommended.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 04/11/03 and 04/14/03 through 06/19/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 29th day of October, 2004

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf
Enclosure: IRO decision

June 3, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-2293-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ----- external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ----- chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 40 year-old male who sustained a work related injury on ----- . The patient reported that while at work he injured his low back when he attempted to lift a roll of wire weighing approximately 65 pounds. The initial diagnoses for this patient included lumbosacral sprain with sciatic neuritis. A MRI of the lumbar spine dated 1/28/03 was reported to have shown degenerative changes, small right lateral disc protrusion L4-5, and L5-S1 disc spurring with marks on his left posterolateral extruded disc. The patient underwent an EMG/NCV on

3/10/03 that was reported to have indicated left S1-S2 radiculopathy. On 3/13/03 the patient underwent an epidural steroid injection and right L5 selective nerve root block. A discogram performed on 6/5/03 was reported to have revealed annular tearing posteriorly and laterally, L4-5 and L5-S1 degenerative changes, and annular tears of the L3-4 and L4-5 levels. The patient has been recommended for lumbar surgery. Treatment for this patient's condition has included hydrotherapy, massage therapy, interferential current, trigger point therapy and chiropractic adjustments.

Requested Services

Level III office visits w/manips, miscellaneous supplies & materials from 3/25/03 through 7/17/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Office notes 1/16/03
2. Review of Medical History and Physical Exam 1/14/04
3. Discogram report 6/5/03
4. S.O.A.P. notes 3/25/03 – 7/17/03

Documents Submitted by Respondent:

1. No documents submitted

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ----- chiropractor reviewer noted that this case concerns a 40 year-old male who sustained a work related injury to his low back on ----- . The ----- chiropractor reviewer also noted that the diagnoses for this patient have included lumbosacral sprain with sciatic neuritis. The ----- chiropractor reviewer indicated that the patient received manipulations from 3/25/03 through 7/17/03. The ----- chiropractor reviewer explained that the medical records provided for that time period did not contain any passive or active spinal palpation findings of subluxations or joint derangement in the lumbar spine to show medical necessity for manipulation to the lumbar spine. The ----- chiropractor reviewer indicated that the patient had been prescribed analgesic supplies on 4/11/03. The ----- chiropractor reviewer explained that the medical records provided did demonstrate that the patient experienced continued pain and inflammation requiring treatment. Therefore, the ----- chiropractor consultant concluded that the level III office visits w/manips from 3/25/03 through 7/17/03 were not medically necessary to treat this patient's condition. However, the ----- chiropractor consultant further concluded that the miscellaneous supplies & materials prescribed on 4/11/03 were medically necessary to treat this patient's condition.

Sincerely,

State Appeals Department